	250 127 ± 1 2 2 1 1 0 0 ± 1 1	- Share San											
	in this information to		a Va			ning ()							
		Glenn A. Ja				-							
-	btor 2 ouse, if filing)	August T. M	unkenbeck, Jr.		-								
Un	ited States Bankrupt	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA		_							
Case number 16-17766							Chec	ck if this is	:				
(If k	nown)			. 3				n amend	ed filing	3			
_	· · · · ·	1001									postpetiti lowing dat	on chapter te:	
7.7	fficial Form	(a)					Ī	/IM / DD/	YYYY				
	chedule I: `		ome sible. If two married peo									12/1	
atta	ch a separate shee	et to this form.	r spouse is not filing w On the top of any additi	ith you, do not includ onal pages, write you	le infor ir nam	mation e and ca	abou ase n	t your sp umber (if	ouse. I known	f mor ı). An	re space i iswer eve	s needed, ry question	
1.	Fill in your emplo information.	oyment		Debtor 1	di.			Debtor	2 or no	n-fili	ng spous	e	
	If you have more t attach a separate	page with additional	Employment status	■ Employed				Employed					
	information about		Employment status	☐ Not employed				☐ Not employed					
	employers.		Occupation	Disabled				Nurse					
	Include part-time, seasonal, or self-employed work.		Employer's name					Pine Run Community					
	Occupation may ir or homemaker, if it	nclude student t applies.	Employer's address										
	How long employed ti			nere?				7 yrs					
Par	t 2: Give Deta	ails About Mor	thly Income										
Esti spot	mate monthly incouse unless you are s	me as of the da eparated.	ate you file this form. If	you have nothing to re	oort for	any line	, write	\$0 in the	space	. Inclu	ude your n	on-filing	
lf yo more	u or your non-filing s e space, attach a se	spouse have mo parate sheet to	ore than one employer, co this form.	embine the information	for all e	employe	rs for	that perso	on on th	ne line	es below.	If you need	
						Fo	r Del	otor 1			or 2 or g spouse		
2.	List monthly gros deductions). If not	ss wages, salar paid monthly, o	y, and commissions (be alculate what the monthl	efore all payroll y wage would be.	2.	\$		0.00	\$		6,172.00	0	
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$		0.00	<u>)</u>	
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$		0.00	\$	6,	,172.00		

Official Form 106I Schedule I: Your Income page 1

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Debt Debt		Glenn A. Jackamonis August T. Munkenbeck, Jr.		Case	number (if known)	16-177	' 66		
				Fo	r Debtor 1		ebtor 2 ling sp		
	Cop	y line 4 here	4.	\$_	0.00	\$	6,1	72.00	
5.	List	all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions			\$	0.00	\$	1.5	04.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$,	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		87.00	
	5e.	Insurance	5e.	\$	0.00	\$	1,0	06.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	
	5g.	Union dues	5g.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	_ 5h.+	\$_	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	2,5	97.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	3,5	75.00	
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				•			
		monthly net income.	8a.	\$_	0.00	\$		0.00	
	8b. 8c.	Interest and dividends	8b.	\$_	0.00	\$		0.00	
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	8c. 8d. 8e.	\$_ \$_ \$_	0.00 0.00 1,990.00	\$ \$		0.00 0.00 0.00	
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,990.00	\$		0.00	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,990.00 + \$_	3,57	5.00 =	\$_	5,565.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depen					J. +\$	0.00
12.	Writ	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							5,565.00
13	Do you expect an increase or decrease within the year after you file this form?							Combined monthly income	
		No.							
		Yes. Explain: Due to medical issues, debtor has lost his p/t job addition, the overtime pay for Debtor spouse has gross pay shown.	and is beer	s no dra	ow only receivi matically redu	ng disa ced and	bility i d is ref	ncome lected	e. In in the